PARTICIPANT'S NAME	DATE OF BIRTH & GRADE (FOR CHILDREN)	# MEMBER TICKETS	# NONMEMBER TICKETS	PROGRAM NAME/SECTION	DATE & TIME	FEE

NAME MEMBERSHIP #

ADDRESS CITY STATE ZIP

PHONE (HOME) PHONE (WORK) E-MAIL

FOR CHILD PARTICIPANTS

PHYSICAL LIMITATIONS OR ALLERGIES? No ☐ Please list:
Yes ☐

GUARDIAN'S NAME

EMERGENCY CONTACT CONTACT PHONE #

METHOD OF PAYMENT

TOTAL

Check enclosed ☐ Kids' scholarship applicant ☐

Payable to Denver Museum of Nature & Science

I hereby authorize the use of my

Visa ☐ MasterCard ☐ American Express ☐

Name on card:_____

Credit Card #:_____ Expiration Date:_____

Signature:_____

Please read registration form carefully and call Reservations if you have questions. If you are enrolling children from different families, please complete separate registration forms, and submit them together. More registration forms are at www.dmns.org.

Please print clearly. Incomplete registration forms will not be processed. Mail to Denver Museum of Nature & Science, Reservations, 2001 Colorado Blvd., Denver, CO 80205 or fax to 303.370.6094 (credit card only).